

VA MATIC AUTHORIZATION

PRIVACY ACT INFORMATION - No insurance deduction may be made unless a completed authorization is received (38 U.S.C. 708). The information provided, on a voluntary basis, will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U. S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 1/2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0492), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

SECTION I - TO BE COMPLETED BY INSURED

1. FIRST, MIDDLE, LAST NAME OF INSURED	2. INSURANCE FILE NUMBER
3. ADDRESS OF INSURED (Include No. and street or rural route, City or P.O., State, and ZIP Code)	4. DAYTIME TELEPHONE NUMBER (Include Area Code)
	5. SOCIAL SECURITY NUMBER

I HEREBY authorize the Department of Veterans Affairs to start a deduction from my account at the financial institution stated below for the purpose of paying Government Life Insurance premiums. I further authorize VA to adjust the amount of this deduction if my premiums increase or decrease. I understand that each deduction will be in the amount of my monthly premium payment and the deduction shall be made on the premium due date. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under the Insurance File Number shown in Item 2.

6. SIGNATURE OF INSURED	7. DATE
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SECTION II - TO BE COMPLETED BY FINANCIAL INSTITUTION

8. NAME OF BANK OR FINANCIAL INSTITUTION	9. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> CREDIT UNIONS
10. ADDRESS OF BANK OR FINANCIAL INSTITUTION (Include Area Code)	11. TELEPHONE NUMBER OF BANK OR INSTITUTION (Include Area Code)
	12. ACCOUNT NUMBER
	13. TRANSIT ROUTING NUMBER FOR E.F.T. (Electronic Funds Transfer)
14. SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE	15. DATE

If you have any questions about your insurance, please call our toll-free number - 1-800-669-8477.